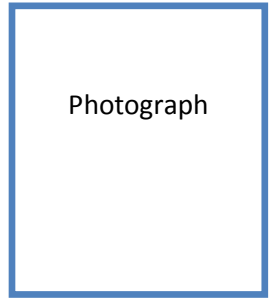




ALLAMA IQBAL OPEN UNIVERSITY
ISLAMABAD
FITNESS CENTRE
Membership Form



1. Name: _____ 2. Father's Name: _____
3. Designation _____ 4. BPS _____
5. Department _____ 6. CNIC No. _____
7. Name & Age of children/spouse willing to join Fitness Centre
1. _____
2. _____
3. _____
4. _____
8. Phone:
- a. Office _____ b. Residence _____
- c. E-mail _____ d. Cell No. _____
9. Address: (Home) _____

I hereby undertake that above informations are correct. I shall abide by the decorum, rules, procedure, and instructions issued/framed from time to time to avail the facility of fitness centre. I undertake all liabilities of my spouse and family members joining the fitness centre. No medical liability would be borne by the Fitness Centre.

Signature: _____ Date: _____

FOR OFFICIAL USE

Membership No. _____

Date: _____

Approved By: _____